

## **STD/HIV Data Request Form 156**

### **Purpose**

This form is used to provide a record of data requests received by the STD/HIV Office and provides documentation of the type of data that is requested.

### **Instructions**

**Request Date:** Enter the date that the request is made to the STD/HIV Office.

**Name of person making request:** Enter the first and last name of the person who is requesting STD/HIV data.

**Organization:** Enter the name of the organization that the person who is making the request is affiliated with. This may include place of employment, college/university or school that person attends, etc.

**Mailing Address:** Enter address where mail is received. Please include address, city, state, and zip code.

**Phone:** Enter telephone where person who is making data request can be reached.

**Fax:** Enter fax number where person who is making data request can receive faxes, if applicable.

**Email:** Enter email address of person who is making data request.

**Date Data Needed:** Enter date that data is needed by.

**Please provide brief purpose of data request:** Describe how data requested will be utilized.

**Data Time Period Requested:** Provide time frame of interest for data request.

### **Demographics**

**Gender:** Check Male if only interested in data on males; check female if only interested in data on females;  
check both if interested in both males and females.

**Disease of Interest:** Check diseases of interest for data request. If syphilis is requested, include disease stage (primary syphilis, secondary syphilis, early latent syphilis, total early syphilis, or congenital syphilis). Please note, total early syphilis includes primary, secondary, and early latent stages of syphilis.

HIV Disease refers to persons diagnosed with HIV infection, regardless of the stage of disease at diagnosis.

**Age Range:** Enter the age groups of interest for data request.

**Race:** Enter the race(s) of interest for data request.

**County:** Check all counties if interested in statewide data. If interested in specific county/counties, please specify area(s) of interest for data request.

**Public Health District:** Check all districts if interested in statewide data. If interested in specific district(s), enter the public health district(s) of interest for data request.

Mississippi State Department of Health  
STD/HIV Office  
Post Office Box 1700  
Jackson, Mississippi 39215  
Office: (601) 576-7723 Fax: (601) 576-7909

DATA REQUEST FORM

Please complete and return by mail or fax.

Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of person making request: \_\_\_\_\_  
First Name Last Name

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date Data Needed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please provide brief purpose of data request:

Description of data requested

Data Time Period Requested: From ____/____/____ To ____/____/____	
Demographics -	Disease(s) of interest
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both	Chlamydia <input type="checkbox"/>
	Gonorrhea <input type="checkbox"/>
Age Range: (Specify) _____	Syphilis <input type="checkbox"/> Specify
stage _____	HIV Disease <input type="checkbox"/>
Race: <input type="checkbox"/> White <input type="checkbox"/> Black Other (Specify) _____	
County: <input type="checkbox"/> All Counties Other (Specify) _____	

*\*Due to confidentiality issues, if the total number of STD/HIV cases in any group is less than five, that information will not be released. For additional questions, please refer to STD/HIV Data Release Policy.*

STD/HIV Office Comments: